

I am committed to **equality**
I am committed to **education**
I am committed to **human rights for all**
How about you?



Arab States Region

COVID-19 Situation Report No. 9

United Nations Population Fund



Reporting Period: 1 - 31 October 2020

Regional Highlights

- Ten months into the pandemic, COVID-19 continues to wreak havoc globally especially as the world is experiencing second and third waves and as the Northern hemisphere is entering the colder season. Globally, there have now been more than 50 million confirmed cases including more than 1.2 million deaths and the lives of billions have been affected by a destabilised global economy. While the Arab States region reports a relatively lower share in the disease burden than other regions, the outbreak is accelerating. And countries that previously seemed to have had some level of control over the pandemic, such as Jordan, Morocco, Lebanon or Tunisia, are experiencing steep increases.
- Five years after the adoption of the Sustainable Development Goals (SDGs) there is an increasing realization of both the challenges and opportunities in the context of the COVID-19 pandemic. While we know that globally, COVID-19 has caused a crisis with far reaching impact on economic and human development, the Arab States region is particularly hard hit. There are many accumulative crisis such as fragile political context, conflict, climate change with extreme weather patterns, decline in oil prices all further compounded by COVID-19.
- The pandemic has had a [disproportionate impact](#) on women and girls and has exacerbated pre-existing inequalities, resulted in alarming health and economic impacts for women and increased reports of gender-based violence.
- As the recent [2020 report on the global burden of stillbirths](#) highlighted, "COVID-19 has triggered a devastating secondary health crisis for women, children and adolescents due to disruptions in life-saving health services."
- UNFPA is working to ensure the continuity of sexual and reproductive health services and gender-based violence prevention and response, to protect health workers, to engage communities and to reduce the spread of COVID-19 and its negative socio-economic impact.

Situation in Numbers

 **2,374,305** Confirmed COVID-19 Cases

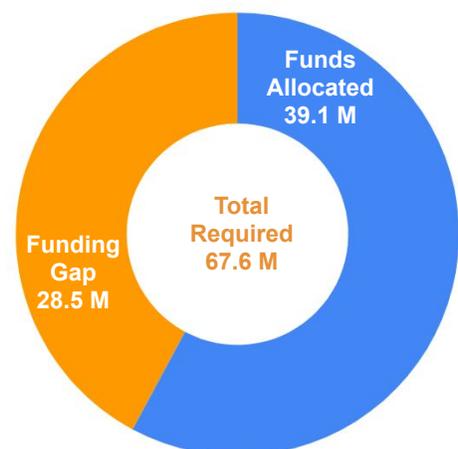
 **41,024** COVID-19 Deaths

Source: WHO, 11 November 2020

Key Population Groups

-  **8 M** Pregnant Women
-  **107 M** Women of Reproductive Age
-  **114 M** Young People (age 10-24)
-  **21 M** Older Persons (age 65+)

Funding Status for Region (US\$)



Regional Response Summary

Coordination and Advocacy

The UNFPA Arab States Regional Office participates in the WHO regional crisis management group and sub-working groups (RCCE; Humanitarian settings and displaced populations; and Supplies). UNFPA co-chairs the regional inter-agency gender theme group and its GBV COVID-19 sub-working group ensuring integration of GBV within health. UNFPA and country offices support governments and work with UN agencies and partners to minimise disruption to life-saving sexual and reproductive health (SRH) and gender-based violence (GBV) services, provide personal protective equipment (PPE) and support safety of patients and health workers through infection prevention and control (IPC). UNFPA uses its co-leadership and membership in the regional issue-based coalitions (IBCs) to address the impact of COVID-19 on health, provision of basic social services, protection and data, focusing on women and girls.

2020 Impact Assessment of the UNFPA Multi-Country Response to the Syria Crisis

As has been the case in previous years, and despite the challenging context of COVID-19, UNFPA conducted an impact assessment of its multi-country response to the Syria crisis looking at programmes in Iraq, Jordan, Syria, Turkey, and Turkey Cross-Border. A total of 50 focus group discussions were held, over 2,000 client feedback forms were collected across 63 facilities (RH, WGSS and youth centers), and 153 key informant interviews with UNFPA, partners staff and service providers were conducted to identify challenges and lessons learned in the context of COVID-19 and for improving delivery modalities in the future. While the final report will be launched in November preliminary findings highlight:

- Domestic violence is increasing across all countries.
- Throughout the pandemic, Women and Girls Safe Spaces have proven critical for the well-being of women and girls.
- Youth are able to access online activities but are also severely impacted by increased unemployment and reduced income-generating activities.
- Modalities that UNFPA and partners adopted due to COVID-19, such as hotlines and online counselling, may be useful to continue after the pandemic to complement the more traditional face-to-face modalities of engagement with people affected by humanitarian crises.

Adaptations in response to the COVID-19 pandemic across countries and regions

Since the onset of the COVID-19 pandemic, UNFPA has made significant changes to its programmes to ensure that the challenges impacting women and girls are being addressed. UNFPA offices throughout the Arab states region have continued to focus on innovations and alternative solutions that guarantee the continuity of services to those in need, maintaining safe access to health facilities that provide sexual and reproductive health services while tailoring programmes to allow for continued support to survivors of gender-based violence. Within the Arab States region, many of these approaches have proven their success and their adaptability to different contexts. To facilitate the smooth sharing of knowledge and experiences from humanitarian settings a report titled [COVID-19: UNFPA Best Practices and Lessons Learned in Humanitarian Operations in Arab Region](#), captures the fundamental lessons learned so far within the crisis, offering a simple blueprint for responses and initiatives that can be replicated within other programmes.

Young People and COVID-19

COVID-19 has caused a **triple shock** for young people, including disruption of education and training, job loss and increased obstacles to finding work. Adolescent girls and young women are often the most affected by the lack of access to SRH and GBV services, as governments often do not consider SRH and GBV interventions as priorities. More emphasis needs to be placed on prioritising the needs of what are considered “life-saving services”: providing SRH services and menstrual hygiene materials for women and girls; expanding and adapting protection and GBV services; and increasing investment in mental health and psychosocial services, especially in conflict settings.

Continuity of Sexual and Reproductive Health (SRH) interventions, including protection of health workforce

UNFPA, under the regional alliance for the Global Action Plan (GAP) for Healthy Lives and Wellbeing for All, and in partnership with WHO, UNICEF, UNAIDS, UNHCR and World Organization for Family Doctors, developed an online training course for primary health care providers on COVID-19 management, public health measures and on sustaining essential services. Around 1,000 candidates have registered since the launch on September 7. The course, targeting medical doctors, is currently being translated into Arabic and French. A new course for nurses is under development.

UNFPA, at the Arab States regional level provided technical guidance on [SRH and Midwifery Care in the context of COVID-19](#), [Supply Chain Management in the context of COVID-19](#), and a [position paper on the impact of COVID-19 on sexual and reproductive health and reproductive rights in the Arab region](#).

UNFPA, jointly with WHO and UNICEF, supports the continuity of essential Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH) services especially during the pandemic. Advocacy toward national Ministries of Health highlights the criticality of maternal, child and reproductive health services to avoid excess morbidity and mortality as we start seeing evidence of the pandemic's impact on the provision of and access to essential SRH services.

UNFPA continues its support for the continuity of SRH interventions including protection of health workforce:

- Procurement of PPE for frontline health care workers for COVID-19 and non-COVID-19 SRH and GBV services
- Training of frontline health care workers, including midwives and nurses, on IPC measures in health facilities, rolling out standard operating procedures (SOPs) and guidance on pregnancy and adaptation of training packages including on normal deliveries and C-sections in the context of COVID-19
- Establishing alternative delivery modalities (e.g. mobile outreach and home visits) for SRH services

Country Updates

- **Libya:** Through its partners IMC and LRC, UNFPA continued the provision of essential RH services in Tripoli, Sabha and Ghat through mobile medical units assisting a total of 992 women, 195 children, and 16 men and ensuring the safe delivery of 10 newborns. Awareness sessions on hand hygiene, respiratory hygiene, and COVID-19 and pregnancy and RH reached 1,206 individuals. Mental Health and Psychosocial Support (MHPSS) consultations focusing on coping with stress during COVID-19 reached 125 individuals. In partnership with IMC, UNFPA delivered training on the Minimum Initial Services Package (MISP) for RH in crisis, targeting 44 health care workers, including doctors, nurses and midwives, across Primary Healthcare Centres in Tripoli and Sabha. Breast cancer awareness sessions were also conducted in partnership with the Libyan midwifery association, reaching 50 midwives in Tripoli.
- **Somalia:** UNFPA and its partners continue to provide support towards the prevention and mitigation efforts of the spread and transmission of COVID-19 in Emergency Obstetric Care and Neonatal Care (EmONC) facilities across the country and support the procurement of PPE for Infection Prevention and Control (IPC) for health care workers, including midwives. In October, UNFPA and its partners continued to [provide family planning services](#) during the floods situation across Somalia and in the context of COVID-19.
- **Oman:** UNFPA, in cooperation with WHO, continued to support medical consultation services to both national and expat women in Oman to mitigate the impact on the healthcare system and provide women with critical medical assistance and psychological support remotely especially during the lockdown.
- **Palestine:** UNFPA continued to support essential sexual and reproductive health services (SRH) through mobile clinics; building capacity of partners to provide quality SRH services even during the pandemic; provision of essential supplies; community outreach on SRH and COVID-19 related issues; and coordination of SRH partners through the health cluster and the SRH working group with MOH.
- **Morocco:** UNFPA introduced innovative approaches around self-care, health digitization, community engagement and mass and local communication with the MOH and NGO partners. An assessment of the impact of the COVID-19 pandemic on access to family planning services was finalized and a web application was produced to strengthen maternal death surveillance and response (MDSR).
- **Algeria:** The Directorate of Population concluded the rapid assessment of the continuity of SRH and family planning services with technical support from UNFPA. Preliminary results will be available in November.
- **Tunisia:** In the context of increasing infection numbers UNFPA provided health care workers with PPE.
- **Jordan:** UNFPA is supporting a national SRH hotline that was created to promote access to remote services and information around SRH and services including the promotion of family planning. UNFPA is supporting the International Rescue Committee (IRC) in Azraq camp to provide remote health education and midwifery remote services for increased quality of SRH services.

Regional Response Summary

Continuity of SRH interventions, including protection of health workforce (continued)

- **Yemen:** UNFPA is ensuring the provision of reproductive health services in all UNFPA-supported health facilities across the country, including in facilities where COVID-19 cases have been isolated while reinforcing infection prevention and control in maternal and emergency obstetric care in all supported health facilities. UNFPA is leading the RH inter-agency working group in Yemen for coordinated actions of partners to ensure continuity of SRH services. In October, 2,053 PPE items were distributed to health facilities across the country and 53 reproductive health service providers and 60 midwives were trained on infection prevention and control and response mechanisms to provide reproductive health services in the context of COVID-19. Essential SRH supplies were distributed to 3 health facilities in Socotra ensuring the continuity of RH services. A national manual was developed for healthcare providers for the provision of RH services under COVID-19. Overall, since the start of the pandemic, UNFPA has availed 80 ventilators for the COVID-19 response.
- **Iraq:** UNFPA continued to prioritize and enhance RH services and emergency obstetric care during COVID-19 including the establishment of three isolation units for pregnant women with COVID-19 symptoms in Sulaymaniyah, Soran, and Halabja maternities.
- **Djibouti:** UNFPA is supporting the Mother and Child Health Directorate in the reorganization of COVID-19 care, related to maternal and newborn health including the establishment of an isolation circuit for pregnant /postpartum women and newborns suspected or diagnosed with COVID-19, and an obstetric circuit for women without COVID-19 infection for both emergency care and consultations related to maternal and newborn health.
- **Syria:** Within the framework of the WFP- UNFPA partnership targeting 70,000 pregnant and lactating women, monthly, across Syria through Cash and Voucher Assistance for nutritious food and hygiene items. UNFPA contributes with the top-up amount for selected hygiene items and also supports diagnostic confirmation of pregnancy status and estimating gestation stage required by WFP to admit clients. This joint intervention combines both a mitigation against malnutrition while also providing protection needs against abuse and violence caused by economic factors. Four RH clinics were opened in Aleppo governorate (Hader, Arran, Maskaneh, Nairab camp). In light of the spread of COVID-19 pandemic in the North-East of Syria (NES), UNFPA Syria developed an action plan focusing on infection prevention and control measures in health facilities and among the health workforce. [Syria UNFPA COVID-19 Humanitarian Flash Update #8](#)
- **Egypt:** A study to explore the effect of COVID-19 on RH health seeking behavior among women of reproductive age was initiated
- **Lebanon:** The rise in COVID-19 cases has forced the country to apply new protective measures to contain the virus. UNFPA [continues to provide life-saving medicines](#) while expanding service provision on the ground through its implementing partners (Marsa, Howard Karagheusian Primary Healthcare Center, SIDC, University of Balamand, Caritas and Ame) Partners are also providing psychological first aid and psychosocial support services through healthcare facilities, mobile medical units and home visits.
- **Sudan:** UNFPA supported mobile clinics as part of the COVID-19 / flood response to ensure the continuity of SRH services to the affected population. Seven health facilities in four states (White Nile, Blue Nile, West Darfur and Gadarif) were rehabilitated. Community networks in White Nile state were trained on making face masks. Lifesaving RH supplies sufficient to serve a total of 19,375 beneficiaries were dispatched to four states. Additionally, medical equipment and supplies were prepositioned serving more than 20 emergency obstetric care facilities - supporting caesarian section, normal delivery and responding to obstetric complication. Clean delivery kits were distributed to a total of 22,200 pregnant women. The referral services for women in need for emergency obstetrics services is functioning in 8 states and during the reporting period a total of 291 cases had been referred. It is planned to expand to 3 additional states. Lastly, the ambulance services at Roro Hospital in Blue Nile state were rehabilitated.

Addressing Gender Based Violence (GBV)

UNFPA continues to play a lead role in GBV prevention, mitigation and response both through programme implementation and inter-agency coordination. A Guidance Note on Establishing GBV Coordination Mechanisms in Global Humanitarian Response Plan (GHRP) countries in response to the global pandemic draws on the [Handbook for Coordinating GBV in Emergencies](#). There is growing evidence that women and girls affected by the COVID-19 pandemic in crisis and displacement contexts face increased risk of domestic violence/intimate partner violence and sexual exploitation and abuse, in addition to and resulting from loss of income and household stress. UNFPA in the Arab States is increasingly investing in cash and voucher assistance (CVA) as one modality to address economic barriers to access SRH and GBV services or purchase necessary items. At the global level, UNFPA developed a [Cash and Voucher Assistance overview](#) and [Humanitarian Cash and Voucher Assistance Tip Sheet on CVA and COVID-19](#) for best practices. UNFPA, with the support of the Regional GBV in Emergency Advisors, has developed a short guide and tip sheet for GBV Coordinators, [Cash and Voucher Assistance: Your role as GBV Coordinator](#), to introduce and champion GBV risk mitigation across CVA interventions.

On the ground, UNFPA continues to address GBV prevention and response through:

- Sensitising national partners on the intersections of gender and public health, and how to ethically and effectively address the increased risk of GBV;
- Highlighting the barriers and risk of exclusion that women and girls with intersecting and multiple forms of discrimination face in COVID-19 response;
- Developing online tools on GBV prevention and response during COVID-19 and supporting hotlines to address the most immediate needs of GBV survivors;
- Distributing dignity kits adapted to COVID-19 for female healthcare workers, women and girls in quarantine and isolation, and refugees and asylum seekers;
- Updating GBV referral pathways to compensate for the disruption of services, in particular for clinical management of rape, and offering the GBV prevention and response essential services package at UNFPA-supported safe spaces.

Country examples

- **Libya:** The UNFPA supported “Psychosocial Support Hotline 1417” addressed 629 calls related to emotional, domestic and physical abuse, referring 39 individuals to receive further specialized services. Social workers at the UNFPA Women and Girls Safe Spaces (WGSSs) in Tripoli, Benghazi and Sabha continued providing remote and in-person services throughout the month, reaching 468 women and girls through psychosocial support sessions and 425 women and girls through awareness sessions on gender-related topics. Livelihood and life skills training sessions were also provided to 483 women, including on COVID-19 face masks sewing, nursing and entrepreneurship. In Sabha, the WGSS social workers also continued to participate in a weekly radio show discussing a range of gender-related social issues. In October, UNFPA and IMC trained 26 staff of the Ministry of Social Affairs, Ministry of Interior, Ministry of Education, LibAid and a local CSO on the key concepts and guiding principles of GBV programming and coordination. Through LibAid, UNFPA conducted three monitoring visits to the detention centres of Al Seka (Tripoli) and Al Ganfouda (Benghazi), in order to assess the conditions of the centres and identify the needs of the detainees, with a focus on women and girls. Psychosocial activities and consultations were conducted during the visits, reaching 158 migrants and refugees (149 women and 9 men).
- **Djibouti:** UNFPA is supporting GBV psychosocial support services while ensuring compliance with social distancing and wearing of face masks. Service providers received refresher trainings on GBV standards and protocols ensuring continuity of services in line with national referral protocols.
- **Egypt:** UNFPA held a training workshop for local service providers in Daqahleya governorate on case management and service delivery for women subjected to violence. Two other trainings targeted doctors and nurses in 2 university hospitals (Mansoura and Kasr El-Eini) using drama techniques and film discussions on the topics of trauma and victim-blaming for GBV survivors.

Regional Response Summary (continued)

Addressing GBV Country examples (continued)

- **Somalia:** UNFPA is leading the efforts to ensure the [continuity of and access to lifesaving gender based violence prevention, mitigation and response services](#) such as the provision of clinical care, psychosocial support, legal aid and material support to survivors of GBV for women, adolescents and youth. UNFPA and its partners trained: 50 journalists on reporting protocols of gender-based violence and to prioritize the fight against GBV and FGM amidst COVID-19 response in Baidoa; 20 alternative dispute resolution officers on sexual offences law, human rights and gender, the rule of law & referral mechanism of GBV cases to formal courts in Puntland; and 250 girls in tailoring, cooking, makeup and beauty in Somaliland to empower young people. UNFPA is providing support to a number of safe shelters across the countries ensuring continuity of services. UNFPA is also supporting a number of GBV one-stop centers integrated within health facilities.
- **GCC/Oman:** UNFPA is supporting the Ministry of Social Development (MOSFD) in Oman in areas related to GBV and domestic violence. In October MoSD officials and judges/court officials were sensitized on CEDAW provisions seeking more alignment between the national women related laws and CEDAW. MoSD was also trained on the inclusion of women with disabilities and older women also addressing GBV. A policy brief was produced seeking to address cases GBV and social isolation through concrete national policies.
- **Lebanon:** Vulnerable women and girls and GBV survivors were supported through remote GBV case management and psychosocial supported in line with the case management guidance note developed by the GBV Task Force as well as the IASC guidance note on remote case management during COVID-19.
- **Palestine:** The established safe spaces continued to integrate reproductive health, case management and psychosocial services benefitting 2,100 women and girls in the West Bank and Gaza. A Helpline for consultations and awareness raising was consulted by 400 women in Gaza. In partnership with the Women's Affair Center in Gaza, an educational camp targeted 30 vulnerable young girls at risk of dropped out of school. Over a period of 10 days, the camp served as a forum for social interaction providing awareness on SRH, GBV and gender equality.
- **Morocco:** Educational tools and a guide on mixed sports clubs were developed and training workshops organized on human rights to sensitize boys and girls in schools against violence. UNFPA, with support from Belgium, is assisting the Ministry of Solidarity, Social Development, Equality and the Family to develop the "HIMAYA" protocol to guide the provision of essential services and social assistance for women victims of violence.
- **Iraq:** UNFPA continued to operate 67 women community centres and mobilized 14 mobile teams, and 201 staff to assist gender-based violence survivors. A total of 156 cases gender-based violence were reported, and 113 cases were referred to specialised services. UNFPA partners distributed 150 dignity kits and an online case management system that was put in place to ensure that GBV survivors have access to the necessary support provided more than 708 counselling sessions. When feasible, the women centres offered awareness-raising sessions on sexual exploitation, domestic violence and prevention methods reaching 1,409 individuals in camp and non-camp settings. In addition, 22 vocational trainings were provided mostly in IDP and refugee camps. UNFPA implementing partners also conducted 36 focus group discussions on the pandemic and responded to questions from beneficiaries.
- **Sudan:** Across the country, UNFPA supported various activities including: distribution of dignity kits to women and girls along with awareness raising GBV and COVID-19; outreach campaigns on GBV and COVID-19; training of service providers on GBV referral pathways (Health, PSS services, Safety/Security, Justice); reaching teachers, midwives and community with sensitization sessions on GBV referral pathways; conducting community focus group discussions to support GBV assessment, research and studies; review of national GBV SOPs; orientation of stakeholders and decision makers about the impact of COVID19 on Female Genital Multilation (FGM) and child marriage (CM); rehabilitation of a WGSS to create a safe and protective environment for recreational and income-generating activities as well as peer-to-peer support; training of women on soap making; rehabilitation and provision of furniture for a confidential corner in a rural hospital aimed to provide GBV case management and integrated survivor-centered psychosocial support to GBV survivors; and, TV and radio awareness-raising sessions on GBV prevention, reducing stigma surrounding survivors' access to GBV services and receiving the necessary support.

Addressing GBV Country examples (continued)

- **Syria:** GBV awareness sessions continued to be provided during this reporting period at Women and Girls Safe Spaces (WGSS) and by the integrated GBV/SRH mobile teams. The sessions covered: the effects of denial of resources and opportunities, early marriage, gynaecological infections, contraceptives, social and health consequences of the COVID-19 pandemic and methods of prevention. The mobile teams distributed awareness brochures on COVID-19 and provided health and psychological counselling. In some locations, vocational training such as sewing was organised through WhatsApp groups where the trainers shared videos and illustrative images. 47 WGSS continue to operate despite challenges posed by COVID-19. The WGSS are providing awareness raising services on a daily basis in addition to providing case management services for GBV survivors, especially for women who have been subjected to violence in all its forms during the period of lockdown. In addition, a contact list of the beneficiaries who visit the safe spaces was prepared with and taking informed consent from them in order, to communicate with them remotely as . As all case managers in all WGSS received training on remote, safe, GBV case management delivery. The services map has been updated to facilitate the referral issue between all agencies working on the ground in Syria. To extend the reach and ensure adherence to social distancing measures, online service provision was conducted using private groups on social media platforms such as medical consultations, psychosocial support (PSS) and case management, vocational training, and awareness raising on COVID-19, stress management, and RH and GBV related topics such as family planning, early marriage, etc.
- **Yemen:** UNFPA and the GBV sub-cluster adopted the use of hotlines and toll-free numbers as an alternative to in-person services previously provided, such as counselling. The concept of tele-counselling is now being mainstreamed among all GBV services with SOPs as well as tele-case management. The hotlines for tele-counselling through the GBV sub-cluster are nationwide as well as governorate-specific. Critical services such as specialised psychological centres and shelters continue running, with distancing measures in place and with the provision of PPE. Meanwhile, measures are in place for a phased return of some of the services and to continue livelihood interventions. These measures help to ensure that UNFPA continues to deliver lifesaving services safely and while adhering to the “do no harm” principle. In October, 540 women received livelihood support across the country. A total of 18 telephone hotlines are operational and provide telecounseling on a range of protection services for women and girls. Close to 15,000 women and girls were reached through awareness sessions on COVID-19, and GBV prevention and mitigation while 122,889 women and girls were reached with GBV information and services in September 2020. A training of GBV survivors in making cotton face mask and hand sanitizers continued and also distributing for free-face mask and hand sanitizers during community awareness session to help prevent community transmission of COVID 19. More than 70,000 masks were produced and distributed.
- **Jordan:** In-person services resumed in Zaatari camp for both individual and group activities while group services in Azraq camp are still suspended and limited capacity for in-person case management. In urban areas in-person case management and group activities were functional at 30% of capacity respecting sanitizing measures and social distancing. Hotlines are receiving calls from women facing movement restrictions for all 19 locations and WGSS supported by UNFPA in October. UNFPA finalized a scoping study on the feasibility and design of cash assistance program linked to GBV case management. In view of a possible 2nd COVID-19 wave, the SGBV WG members updated the GBV contingency plan aiming to support the coordination of GBV service provision during COVID-19 and ensuring adequate response, emphasizing on the fact that GBV services are life-saving and reminding GBV actors on the importance of implementing the guidance note of GBV service provision during COVID-19.



Supporting adolescent girls
affected by the Beirut explosion
© UNFPA Lebanon



Engaging men for equality
© UNFPA Iraq

Risk communication and community engagement - Leaving No One Behind

Risk communication and community engagement (RCCE) is an essential tool for governments and development partners to ensure that people are aware of the dangers posed by COVID-19. In order for RCCE efforts to be effective, they need to be gender-responsive and include all segments of societies, particularly the most vulnerable and marginalised groups. COVID-19 is having a devastating impact on the Arab States region. However, its repercussions are not felt evenly across societies. Marginalised and vulnerable groups, particularly those living in conflict-affected countries, are among the hardest hit by the health and socio-economic impact of the pandemic. Among them, women, displaced people, migrants, older persons and people with disabilities, may experience the most harmful impacts of COVID-19.

UNFPA is a member of the Eastern Mediterranean RCCE Working Group, an inter-agency coordination platform established to provide technical support to COVID-19 preparedness and response in the region including the recent launch of new guidelines [“COVID-19: How Can Risk Communication and Community Engagement Include Marginalized and Vulnerable People in the Eastern Mediterranean Region”](#). These practical guidelines illustrate the vulnerability of marginalised groups to the pandemic and how national and local efforts can address these vulnerabilities so that no one is left behind.

At country level, UNFPA engages in RCCE, including through working with youth-led networks and initiatives:

- Communication platforms such as podcasts, hotlines, and media to reach as many people as possible;
- joint awareness-raising, education, and activism with a wide range of partners, including communities; and
- participation in country-level RCCE working groups.

UNFPA support at country level:

- **Lebanon:** UNFPA continues its efforts to combat misinformation regarding COVID-19 mainly through understanding the current pandemic situation in Lebanon, identifying challenges and brainstorming on the short- and medium-term intervention to respond to the rise in number of COVID cases. Following the Beirut port blast, the RCCE Task Force has also scaled up interventions and accountability to affected populations in Lebanon with regard to COVID-19. UNFPA has been taking the lead in mapping and identifying post-blast community led initiatives active in the Beirut blast response including youth groups, women groups, faith-based groups, and targeted door-to-door campaigns.
- **Libya:** Awareness-raising sessions through Community Health Workers (CHWs) in Tripoli, Sabha and Ghat have been used to spread COVID-19 messages on hand hygiene, respiratory hygiene, and COVID-19 and pregnancy awareness-raising sessions, reaching 1,206 individuals. As part of the Youth Against COVID-19 Fund, posters on COVID-19 risk communications were developed and displayed in Sirte with a focus on social distancing
- **Somalia:** UNFPA and its partners continue to support and guide young people’s engagement in Somalia through mobile caravans. Communities are informed on the significance of staying at home and social distancing to prevent the spread of COVID-19. UNFPA continues to support the development of GBV COVID-19 messages which are being disseminated using service sites and during the distribution of dignity/hygiene kits.



© UNFPA Somalia

Media & Communications

UNFPA continued its efforts to disseminate COVID-19 related information utilizing different platforms throughout the Arab States region. The messages targeted women, girls, men, boys, persons with disabilities, and older persons.

October was also **breast cancer awareness month** providing an opportunity to integrate COVID-19 messages within testing and monitoring messages about breast cancer.

Marking **World Mental Health Day**, UNFPA delivered tailored messages around informative and uplifting content to promote good mental health and peer support.

In line with the celebration of the **International Girl Child Day**, which followed the 'My Voice, Our Equal Future' theme, UNFPA dedicated part of its communication efforts to adolescent girls. The celebrations saw the launch of an [animated regional brand ambassador, Mariam](#). She is a 15 years old Arab girl who advocates for change to improve the realities for many adolescents. Mariam aims to highlight the struggles, problems, challenges, opportunities, and achievements of adolescents and youth within the region. The UNFPA Arab States Regional Office, in coordination with the League of Arab States, hosted a press conference to celebrate Girl Day and launch Mariam. The event was streamed on 18 facebook pages simultaneously (Country offices pages, The League of Arab States, UNIC Cairo, and UN Egypt), and was watched live by an estimated 15,000 viewers. Within the first week of her launch, various media outlets wrote about [Mariam](#), while highlighting the issues that impede progress in areas related to adolescent girls. In addition, Mariam appeared on a couple of major regional and global news networks ([Al Arabiya](#), BBC, [Dubai TV](#), and others). In each of those appearances, the UNFPA Regional Director emphasized the urgent need for joined efforts to empower girls and to end all harmful practices.

On 20 October, UNFPA at regional level, observed **World Statistic Day** through a communication campaign about the importance of statistics and the collection of data to win the fight against COVID-19 and to reach UNFPA's [vision of three zeros](#) (zero preventable maternal death; zero gender based violence and harmful practices; zero unmet need for family planning).

UNFPA Country offices echoed similar messages and had their own national campaigns. In Syria, UNFPA, in cooperation with the Syrian Society for Social Development, launched an awareness campaign to combat child marriage.

In Jordan, UNFPA produced a video series on the Compact for Young People in Humanitarian Action. The compact calls for building and supporting the youth to engage in humanitarian response. **In Tunisia**, UNFPA launched awareness campaigns covering the following issues: [Cyber violence](#), and [COVID-19 protection](#) for older persons and persons with disabilities.

In the spirit of one UN, Country offices took part in celebrating the United Nations' 75th anniversary by participating with their respective national coordinators and other UN agencies and also being selected for the [UN75 photo exhibit](#).

- [Mariam, a virtual ambassador, fights for 40 million adolescent girls in the Arab World](#)
- [Statistics connecting the world with the data we trust](#)
- [Egypt | Young people use theatre to change social norms at Population Awareness Clubs](#)
- [Iraq | Let's talk about mental health Iraq - session 1: COVID19](#)
- [Iraq | Their voice Our equal Future Girls in Iraq](#)
- [Jordan | The Compact for Young People in Humanitarian Action: Stories from Za'atari Camp for Syrian Refugees- Jordan - Part 2 Capacities](#)
- [Lebanon | On world Mental Health day, let us not forget the psychosocial needs of the Beirut Blast victims](#)
- [Morocco | "SALAMA at work" continues in rural areas](#)
- [Morocco | UNFPA and the Ministry of Health establish a web radio station for youth](#)
- [Palestine | Intisar, a breast cancer survivor and advocate from the Gaza Strip: a journey of hardship and hope](#)
- [Somalia | Providing quality midwifery care amid crisis](#)
- [Tunisia | Covid-19 awareness campaign](#)
- [Yemen | Against the odds, delivering mental health support in Yemen](#)
- [Yemen | UNFPA psycho-social support update for 2020](#)

Mobile clinic providing services in the blue Nile region.

© UNFPA Sudan



Empowered **girls** empower **girls**



Empowering girls:
International Girl
Day Celebrations

© UNFPA Sudan



Monitoring visits to detention centers in Al Seka Tripoli & Ganfouda Benghazi, And providing psychosocial support activities.
© UNFPA Libya

Youth Training in partnership with YPeer.
© UNFPA Morocco



Training for family planning directors, medical supervisors, nurse supervisors and community health workers
© UNFPA Egypt



Djibouti city Promotes SRH.
© UNFPA Djibouti

Youth Centre in Somaliland
© UNFPA Somalia



هذا العام، أتمت
الأمم المتحدة ٧٥ عاماً،
وتريد سماع صوتي
وأصواتكن

UN75
2020 AND BEYOND

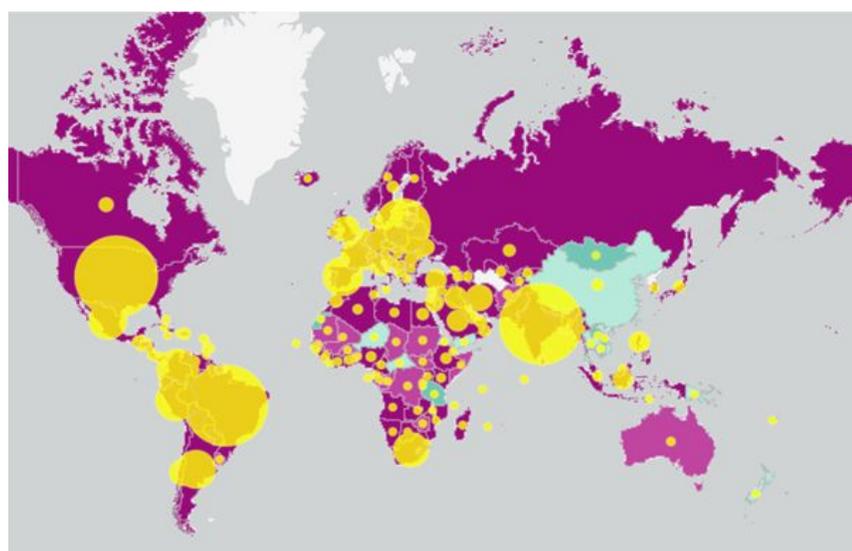
UNFPA

Mariam-
Regional
Brand
Ambassador
© UNFPA
ASRO

I am committed to **equality**
I am committed to **education**
I am committed to **human rights for all**
How about you?

UNFPA SUSTAINABLE DEVELOPMENT GOALS

Country	Confirmed Cases	Deaths
Algeria	62,693	2,062
Djibouti	5,633	61
Egypt	109,654	6,394
Gulf Cooperation Council*	966,579	8,795
Iraq	505,310	11,432
Jordan	120,982	1,386
Lebanon	96,907	749
Libya	70,010	957
Morocco	265,165	4,425
Palestine	71,501	607
Somalia	4,301	107
Sudan	14,155	1,116
Syrian Arab Republic	6,352	325
Tunisia	72,993	2,006
Yemen	2,070	602
TOTAL	2,374,305	41,024



See UNFPA's [COVID-19 Population Vulnerability Dashboard](#) for real-time updates

* Kingdom of Bahrain, Kingdom of Saudi Arabia, State of Kuwait, State of Qatar, United Arab Emirates, Sultanate of Oman